

# Care Quality Commission

## Inspection Evidence Table

### Uxendon Crescent Surgery (1-549637694)

Inspection date: 12 April 2018

Date of data download: 11 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients.	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Additional information:  Although there were systems in place to highlight vulnerable patients on the clinical record and a risk register of specific patients, we saw that the child protection register had not been kept up-to-date and included patients who were no longer on the register and the adult risk register did not include people who had experienced domestic violence.	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes

Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<b>Safety Records</b>	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes April 2018
There was a record of equipment calibration Date of last calibration:	Yes April 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	September 2017
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	September 2017
Additional comments:  We saw evidence that the practice had engaged an external company to undertake formal fire and health and safety risk assessments in May 2018. A Legionella risk assessment undertaken in February 2016 had been scheduled to be reviewed.	
<b>Infection control</b> Risk assessment and policy in place Date of last infection control audit:  The provider acted on issues identified. For example: <ul style="list-style-type: none"> <li>• A system to record the cleaning and decontamination of medical equipment and devices was put in place.</li> <li>• Sharps bins were properly labelled with practice details prior to collection and disposal.</li> </ul> Additional observations <ul style="list-style-type: none"> <li>• The IPC audit had highlighted that there was no evidence of the immunisation status of staff in line with guidance and had given a four-week timeframe in which</li> </ul>	Yes October 2017 Yes

<p>to action. At the time of our inspection the practice were able to evidence the immunisation status of all staff in direct patient contact in line with current PHE guidance. However, we saw that the MMR status of one member of staff in direct patient contact had not been obtained until March 2018 which had potentially put patients at risk.</p> <ul style="list-style-type: none"> <li>The IPC audit highlighted that clinical hand washing sinks were not compliant and had given a timeframe of 12 months to replace. The practice told us they were in the process of obtaining quotations in relation to this.</li> </ul>	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Additional observations</p> <ul style="list-style-type: none"> <li>Clinical staff did not have access to all the appropriate colour-coded sharps containers required for the disposal of the range of medicines administered at the practice.</li> </ul>	

### Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
<p>Explanation of any 'No' answers:</p> <p>We found reception staff we spoke with were aware of 'red flag' symptoms, for example, shortness of breath and chest pain. However, staff were unable able to demonstrate a clear understanding of 'red flag' sepsis symptoms and how to respond.</p>	

### Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) <sup>(NHSBSA)</sup>	0.87	0.71	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) <sup>(NHSBSA)</sup>	8.4%	10.3%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	No
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	No
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:  The practice told us it had not undertaken any controlled drug prescribing audits and had not established any links with the NHS England Area Team CD Accountable Officer.	

## Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	6
Number of events that required action	6

## Example(s) of significant events recorded and actions by the practice

Event	Specific action taken
Incorrect scanning of document and coding on clinical system	Additional training provided, protocol update and lead assigned to provide oversight of the process.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice had a safety alert protocol in place which outlined the arrangements to receive and comply with patient safety alerts, recalls and rapid response reports received through the Central Alerting System (CAS) and The Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager and lead GP received all alerts and forwarded them to the appropriate clinical or non-clinical lead to assess the relevance of the alert. Alerts which needed immediate attention were discussed in clinical meetings and minutes kept. Patient searches were undertaken where appropriate. A record was maintained of alerts received and actioned.</p>	

## Effective

### Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.41	0.44	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.3%	77.4%	79.5%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6%	(16)	11.7%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	80.0%	80.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4%	(11)	8.5%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	74.6%	79.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0%	(36)	9.1%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	71.7%	80.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9%	(7)	2.2%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	87.1%	93.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1%	(3)	8.6%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.5%	83.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (16)	4.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.9%	81.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.5% (20)	13.9%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	81	86	94.2%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	57	62	91.9%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	56	62	90.3%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	56	62	90.3%	Met 90% Minimum (no variation)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	64.5%	63.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.2%	60.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.5%	42.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	80.0%	74.7%	71.2%	N/A
<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.1%	92.4%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (2)	7.6%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	98.3%	92.5%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.9%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	85.7%	84.6%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	1.4% (1)	2.9%	6.8%

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540	540	539
Overall QOF exception reporting	3.9%	6.0%	5.7%

### Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, mentoring, clinical supervision and revalidation.	Yes

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.3%	96.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1% (1)	0.6%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	78.9%	53.0%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	19
Number of CQC comments received which were positive about the service	17
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
CQC Comment Cards and Patient Interviews	Patient feedback from CQC comment cards was that the practice offered an excellent service and that staff were caring, friendly, helpful, and that they felt treated with dignity and respect. We were told that staff were helpful, efficient and courteous.

### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,574	224	4%	89	39.73%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	79.6%	71.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.5%	85.5%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	100.0%	93.9%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.3%	81.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.6%	84.3%	91.4%	Comparable to other practices

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96.7%	83.9%	90.7%	Comparable to other practices
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The practice carries out its own patient survey/patient feedback exercises. Yes

Date of exercise	Summary of results
On-going	The practice sought feedback from patients through the Patient Participation Group (PPG) and a patient suggestion/feedback box. As a result of patient feedback the practice had commenced a phlebotomy service at the practice.

Any additional evidence
The practice actively sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period October 2017 to March 2018, based on 1,115 responses, showed that 89% of patients would be extremely likely or likely to recommend the service.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment Cards	Feedback showed that patients thought procedures were explained to them and they were involved in their treatment and care.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.1%	83.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.8%	78.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.0%	83.4%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.6%	79.4%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 161 carers on its carers' register which was 2.8% of the practice population.
How the practice supports carers	The practice told us it offered its carers an annual influenza immunisation, health checks and would signpost them to the appropriate services. The practice had a dedicated carers' board in the waiting room and information was available on the practice website.
How the practice supports recently bereaved patients	The practice would offer telephone support, a consultation or home visit. The practice told us they would signpost patients to the appropriate support services.

## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The waiting room was away from the reception desk which meant conversations could not be overheard. Medical records were stored securely behind the reception area which was accessible by staff only.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
CQC Comment Cards	Feedback we received demonstrated that patients felt they were treated with dignity and respect.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	09:00-18:00
Tuesday	09:00-18:00
Wednesday	09:00-18:00
Thursday	09:00-18:00
Friday	09:00-18:00

<b>Appointments available:</b> Since our last inspection, the practice had increased its opening times and were now open on Thursday afternoon. Appointments were available between 9am to 11am and 3.30pm to 5.30pm, Monday and Friday.	
<b>Extended hours opening:</b> The practice provided a commuter clinic on Tuesday and Wednesday from 7am to 8am.	
<b>Home visits</b>	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
<b>If yes, describe how this was done</b>	
Home visit requests were communicated to the clinicians by reception staff who phoned the patients to prioritise need. Reception staff did not triage patients.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	82.6%	75.1%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	64.6%	64.9%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	75.5%	68.1%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	75.2%	66.9%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
CQC Comment Cards and patient interviews	Feedback included that it was fairly easy to get appointments and appointments were available when needed.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes

Information was available to help patients understand the complaints system. Yes

<b>Complaints</b>	
Number of complaints received in the last year.	8
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice investigated complaints in a timely way. There was evidence of shared learning and action taken to prevent recurrence.	

## Well-led

### Leadership capacity and capability

#### Vision and strategy

<b>Practice Vision and values</b>
The practice displayed its mission statement for patients and staff: 'We aim to provide a safe and high quality patient-centred clinical service in a caring and supportive manner. We will continually strive to improve the quality and range of services we offer and to ensure all patients and their carers have a positive experience. Our aim is to treat our patients with equality, respect and dignity and involve them in decision making about their treatment and care at all times. We want to educate our patients in order to enhance self-care and holistic care in the overall community.'

#### Culture

Examples of feedback from staff or other evidence about working at the practice

<b>Source</b>	<b>Feedback</b>
Staff Interviews	We were told the manager had an 'open door' policy and was very approachable.
Staff Interviews	We were told the practice supported the development of its staff through training and career development opportunities.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

<b>Source</b>	<b>Example</b>
Complaint	We reviewed a complaint regarding a clinical consultation and saw that the practice had dealt with the complaint with openness and transparency and apologised to the patient demonstrating a duty of candour.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. The practice has a whistleblowing policy and all staff we spoke with knew how to access it.	Yes
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#### Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff Interviews	We were told there were regular whole team meetings and staff had the opportunity to contribute.
Training Records	We saw that bullying and harassment, health and safety and manual handling training had been completed by staff.
Policies & Procedures	All staff had access to Occupational Health. Staff who had been absent from work through sickness had a return to work interview with the practice manager.

#### Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff Interview	Staff told us they were treated fairly and the practice had an open culture.

#### Examples of actions to improve quality in past 2 years

Area	Impact
Prescribing Audit	The practice reviewed its patients on the anticoagulation medicine Rivoraxaban to ensure that appropriate blood test monitoring had been undertaken in line with recommended guidance. In its first cycle audit that practice found that 50% of patients had undertaken the appropriate blood tests. A second audit showed that 100% of patients had undertaken the appropriate blood tests. This had increased the safety of patients prescribed this medicine.

#### Examples of service developments implemented in past 2 years

Development area	Impact
Introduction of a phlebotomy service	Patients could undertake a blood test at the practice and do not need to attend the hospital.
Increased access	The practice has increased its core access and was now open Thursday afternoon and its extended hours provision to an additional morning.

#### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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#### Engagement with patients, the public, staff and external partners

##### Examples of methods of engagement

	Method	Impact
Patients	NHS Friends and Family Test (FFT)	89% of patients would be extremely likely or likely to recommend the service.
Staff	Appraisal and Staff Meetings	Improved communication through a regular meeting structure and the availability of meeting minutes.
External partners	Engagement with the General Practice Resilience Programme.	Practice resilience and future planning to maintain and improve patient services.

## Feedback from Patient Participation Group:

### Feedback

Feedback indicated that the practice involved patients and was interested in patients' views.

## Examples of specific engagement with patients and patient participation group in developments within the practice:

Examples	Impact
New telephone system with patient queue system	More efficient access to the surgery by telephone.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Participation in the Whole Systems Integrated Care (WSIC) initiative	More effective management of patients through linked patient data from acute, mental health and community trusts and GP practices to generate an integrated care record to provide a 'joined-up' care history. The practice used this data to manage patients, specifically those who were at high risk of admission.

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>